

MATERIALS REVIEW REQUEST FORM

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



Office of Disease Prevention & Health Promotion – HIV Prevention

Date Submitted:

By:

E-mail address:

Name of Agency:

Name or Description of Material to be reviewed: (only one (1) item per request form)

Type of Material-please put an X in the box next to your response on the section below:

<input type="checkbox"/>	Brochure/Pamphlet	<input type="checkbox"/>	Curriculum
<input type="checkbox"/>	Video	<input type="checkbox"/>	Website
<input type="checkbox"/>	Fact Sheet	<input type="checkbox"/>	Other:

Target Audience:

Risk Group:

Ages:

Sex:

Minority/People of Color (X in the box if yes): ☐

Briefly describe *where and how* materials will be utilized:

Briefly describe how material was developed – *i.e.*, in-house, with impacted audience input, etc.

Date Approval Needed:

Mail with material to be reviewed to:

Public Education Coordinator

HIV Prevention, HHS

P.O. Box 95044

Lincoln, NE 68509-5044

(Internal: Copy to Subgrant Manager for File)